2615

03500.014851.

PATENT APPLICATION

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JUL 12 200)C33	IN THE UNITED STATES PAT	ENT.	AND TRADEMARK OFFICE
RADEMARKS	in re	Application of:)	
	TORU KOIZUMI Application No.: 09/678,296		:	Examiner: Yogesh K. Aggarwal
			:	Group Art Unit: 2615
	Filed	Filed: October 3, 2000		RECEIVED
	For:	SOLID IMAGE PICKUP DEVICE,	:)	JUL 2 1 2004
•		IMAGE PICKUP SYSTEM AND METHOD OF DRIVING SOLID	:)	Technology Center 2600
		IMAGE PICKUP DEVICE	:	July 7, 2004
	Mail	Stop Amendment		
	Com	missioner for Patents		
	P.O.	Box 1450		

AMENDMENT

Sir:

Alexandria, VA 22313-1450

In response to the Office Action dated April 7, 2004, please amend the above-identified application as follows. The claim changes are reflected in the listing that begins at page 2, and the Remarks begin at page 5.

United State	s Postal Service as first-class	e is being deposited with the mail in an envelope addressed 450, Alexandria, VA 22313-
1450 on	July 7, 200)4
	(Date of Dep	osit)
Jung	Frank A. DeLucia (Reg.	

In re Application of:

TORU KOIZUMI

Application No.: 09/678,296

Filed: October 3, 2000

For: SOLID IMAGE PICKUP DEVICE, IMAGE PICKUP SYSTEM AND METHOD OF DRIVING SOLID IMAGE PICKUP DEVICE

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Docket No. 03500.014851.

Examiner: Yogesh K. Aggarwal

Group Art Unit: 2615

Date: July 7, 2004

JUL 2 1 2004

Technology Center 2600

Sir:

Transmitted herewith is an Amendment and Information Disclosure Statement in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 7	MINUS	**	= 0	x \$9 \$18	\$0.00
INDEP. CLAIMS	* 2	MINUS	***	= 0	x \$43 \$86	\$0.00
Fee for Multiple Dependent claims \$145°/\$290						\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	

If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

	Verified Statement claiming small entity status is enclosed, if not filed previously.
	A check in the amount of \$ is enclosed.
	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed
X	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06 1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
	A check in the amount of \$ to cover the fee for a month extension is enclosed.
X	A check in the amount of \$ 180.00 to cover the Information Disclosure Statement fee is enclosed.
X	Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.
	Respectfully submitted,

/

Frank A. DeLucia Attorney for Applicant

Registration No. 42,476

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza New York, New York 10112-3800 Facsimile: (212) 218-2200

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